	FOR STATE REGISTRAR	MEDI	PARTMENT OF HEALTH CAL EXAMINER'S (F DEATH REG. NO.	0 5
	CEASED NAME FIRST		AIDOLE	LAST	20. DATE KNOWN A MOI	4-16 19 8
SEX	Wilsi	5. DATE OF BIRTH	6 AGE (IN YEARS IF LIN	TEY		TH DAY YEA
fe	male white	07 04 18	390 92 yrs.		MIN. PRONOUNCED Apri	1 16 198
C a	RTHPLACE (STATE OR REIGN COUNTRY).	76. CITIZEN OF WHAT	MARR		Dorchest	er
10	ry or town of death cambridge	U.S. hig	ral, nursing home, or oth lity give street address) Jhway 50, Eas	t	120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Seamstress	ORK 12b KIND OF OR INDU
13a. S			residence before admission) 13c. CITY OR TOWN Cambridge	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STREET ADDRESS 500 W. Apple	by 216
	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDER	NAME	LAST
	Obert /AS DECEASED EVER IN U.S. AR.		Peters 166. SOCIAL SECURITY NO.	Sarah 17. INFORMANT	ADORESS	Horsma
(YE	no (if yes, give	WAR OR DATES)	144-10-7480			dershaw town NJ
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	m 611	r (a), (b), and (c).) ltiple injur	•		BETWEEN ON
7	S/20 Conditions, if any, which	DUE TO, OR AS	S A CONSEQUENCE OF	200, 0000		Ins
	gove rise to immediate couse (a) stating the <u>under-lying cause lost</u> .		S A CONSEQUENCE OF			
NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR	T 1 (a).	1
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION W	AS PERFORMED?		20 AUTOPS
RTIFI						YES [
MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 4:40P1	M 4-16,983 Dr	iver of c	ar in head on	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		Y, FARM, ETC.)	STREET SO nr	Cambridge, Do	r. Md
	22e. I certify that I took charged		bed obove, held an Autop	osy . Inspection	Undetermined manner , ond in m	ny opinion
	ACTUAL SIGNATURE	nm	-A.	TITLE (SPECIFY) Deputy	D/ MEDICAL EXAMINER SI	ATE 4/18
	EXAMINER'S NAME TO	m Mace Ji	r. M.D.	ADDRESS Cam	bridge, Md.	
	(TYPE OF PRINT) JOIN JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY C		23d. LOCATION	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH LITYPE OR PRINT Black 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorch ndWIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Reflect Donoth 13e STREET ADDRESS MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR WORM FOR MOST OF WORKING LIFE INDUSTRY Combuil 520 Wenburn MIDDLE IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Canditians, if any, which gave rise to immediate cause ia, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STREET STATE AT HOME STREET FACTORY OFFICE FARM ETC } AT WORK AT WORK 4-4-220.1 certify that (1) (this hospital) attended the deceased fram_ _____, and that in (my) (our) opinian death accurred an the date and hour and from the causes stated saw the deceased alive on. DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4-12-83 MD Po. Box 576 Cambudes nd 23b. DATE 23c. NAME OF CEMETERY

2h HOUR

IF UNDER 24 HRS

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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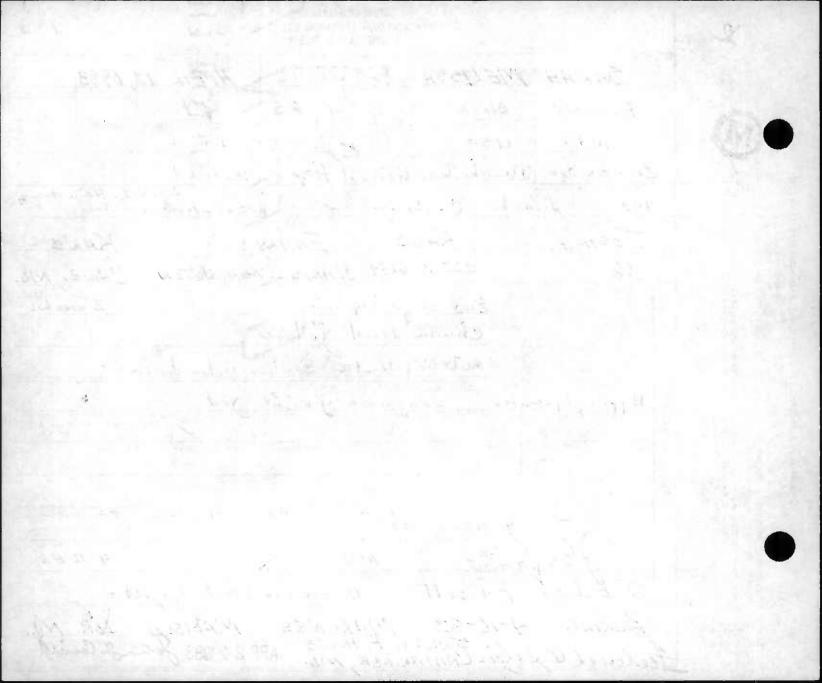
should be detached with the State Dept.

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MPORTANT:

show

Hem 18



Page 4 may be

executed within 24

the death certificate be

The law I

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

DHMH-16 25M (VRA 15, 4) 1/79

1	FOR	DEBARI		AARYLAND H AND MENTAL HYG	neur O Z	1	0	
	- STATE REGISTRAR	DEPART		E OF DEATH	REG. NO	1	U	
	DECEASED NAME FIRST YPE OR PRINT)	een H	Cast	0_		MONTH DAY	YEAR	2b. HOUR
3	SEX CONTRACTOR	4 RACE	5 DATE OF BIR		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24
	Female	White	Sept.	30.1895	87	YRS.	NTHS DAYS	HOURS /
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY O		FDEATH	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Cambridge Ho	ING HOME OR OT	HER INSTITUTION	Dorche 12n. USUAL OCCUPATH (TYPE OF WORK FOR MOST O	ON F WORKING LIFE]	12b. KIND O INDUSTRY	F BUSINES:
3 13	R STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION	NSIDE CITY LIMITS?	13r. STREET ADDRESS Glenburi		C	216
1/14	FATHER'S NAME FIRST Hampton	MDDLE LAST Henry		OTHER'S MAIDEN NA	WE WIDDIE	.03	Saund	
1 160	(YES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 213-22-5		Ames M.Co	ADDRE 11,Cambri			
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU		Cancer	of Brean		,	
NO		conditions contributing to	teon	RELATED TO THE TERM		DITION GIVEN	IN PART 150	11
CEPTIFICATION	198 DATE OF OPERATION	199 CONDITION FOR WHICH	H OPERATION WA	S PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES (IGS USED OF DEATH
11	OBCONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		LOCATION STREET	CITY OR TOV	/N	COUNTY	STAT
	sow the deceased alive a	n		t in (my) (our) opinion	, to, death occurred on the de	19 ote and hour a		that (I) (we ouses state
-	22b. SIGNATURE	relley	DEGR M2	_	MEDICAL STAI	F IAN 🗌	22c DATE	SIGNED
7	224 PHYSICIAN'S NAME (TYPE	ORPRINTI M M a M	22R	ADDRESS				
230		nmon			23d LOCATION ank Cambri	.dge , Da	er.Md	

THE FURTHER OF FUNETAL Home, Cambridge, Md 2161 75 DATE RECEIVER 125 REGISTRAR'S SIGNAL

Grand Committee of the Committee of the

To sufficience

TOTAL TOTAL

Octovia Security

signature dans . Leb., Carl widge,

_ V-4V-7

	1. DE	REGISTRAR CEASED NAMI PE OR PRINT)	FIRST Norman		MIDDLE G.		ixon	AST			2a. DATE	E KNO		MONTH	2 DAY	183	2b.
E E E	3 SEX	4	4 RACE	5. DATE OF BIRTH		. AGE (IN YEA			IF UNDE	24 HDC	2c. DA			MONTH	DAY.	YEAR	26
25	1	Male	Negro	10-80	1902	80 YR	MONTHS		HOURS	MIN,	PRONO	UNCED AD	Apr		24	1,83]
観り	FO	RTHPLACE (5' PREIGN COUNTRY) Md.	ATE OR	76. CITIZEN OF V	HAT COUNTE	RY?	MARRIED WIDOWED	D NEV		RIED	P. BALTI		-	_			
8171		TY OR TOWN	OF DEATH	II. NAME OF HO	SPITAL, NURS	ING HOME	, OR OTHER	R INSTITUT		12a. USI	JAL OCC	UPATIO	N (TYPE		12b. KI	ND OF BI	JSIN
700	Ca	mbridg	ge, D.	O.A Do	rchest	ter G	ener	al H	osp.		MOST OF W		FE)			tir	
CONID	13a. S	AL RESIDENCE TATE Md.	IF IN NURSING HOME OF 13b. COUNT DOI	ROTHER INSTITUTION, O	130 CITY O	FORE ADMISSIO	DN)	3d. INSIDE (I		13e. STR	EET ADD	RESS	St.		6	161	
301	14. FA	ATHER'S NAME		WIDDLE	LA			IS. MOTHE				MIDDLE	200			LAST	_
9271		John			ixon	131		Hen	riet	ta		MIDULE		F	oge		
Sion /	16a. V	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. ARM	AED FORCES?	16b. SOCIA	-10-6		7. INFORM	TAAT		nn -	717	P1	ne dee	St.		
DIV		18. CAUSE O	F DEATH (Enter only	y ane cause per lir	e far (a), (b), c	and (c).)			6-10	LIAL	,,,,	Uall	1	uge.	A	PPROXIMAT WEEN ONSI	EINT
A S S S	25	PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)			lugio	on								WEEN ONS	_
EXAMINE TAL TRAN MENITAL OR REMO			se ta immediate stating the <u>under</u> se lost.	DUE TO, O	R AS A CONSE	EQUENCE C	OF .										
PEDKAL EXAMONE KS. A BURIAL TRAN ITH AND MENTAL AATHON, OR REMO	NO	gove ris couse (o) lying cou	stating the under-	DUE TO, O				OR CONDITION	GIVEN IN P	ART 1 (a).							
USED AS A BURIAL TRAN OF HEALTH AND MENTAL CREMATION OR REMO	FICATION	gove ris couse (o) lying cou	stating the <u>under</u> se lost. GNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT		O TO THE TERMI	NAL DISEASE O			ART 1 (a).						AUTOPSY	
OUD REUSED AS A BURILTRAN RINENT OF HEALTH AND MENTAL DELINEAL CREMATION OR PENC	CALCERTIFICATION	gove riscouse (o) lying cou PART 2 OTHER SI 19a. DATE OF	stating the under- se lost. ENIFICANT (ONOITIONS C OPERATION L CAUSE WAS	ONTRIBUTING TO DEAT	ITION FOR WI	O TO THE TERMI	ATION WAS		MED?		NATURE OF	иі үяигмі	TTEM 18 PA	ART I OR PA		AUTOPSY YES []	
WANDED TO THE CHEFT A EXAMPLE AGE 3 SHOULD BE USED AS A BURIAL TRAN ATE DEPARTMENT OF HEALTH AND MENTAL 201 PRIOR TO BURIAL CREMATION, OR REMO	MEDICAL CERTIFICATION	gove riscouse (a) lying cou PART 2 OTHER SI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUT III 21d. INJURY C	STATING THE UNDER- SELECTION OPERATION ALCAUSE WAS OR NG OR	ONTRIBUTING TO GEAT 196. COND 216. TIME C HOUR A 216. PLACE	ITION FOR WI	O TO THE TERMI HICH OPER, DAY YEAR 19 (AT HOME,	ATION WAS	S PERFOR/ W INJURY	MED?		NATURE OF CITY OR 1		ΠΕΜ 18 PA				
BE FORWARDED TO CTOR: PAGE 3 SHOUN HITHE STATE DEPARTM AND, 21201 PRIOR TO	7	gove riscouse (a) lying cou PART 2 OTHER SI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK	OPERATION AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK by that I took charge	ONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A 21c. PLACE STREET, FA	BUT NOT RELATED OF INJURY M. MONTH C M. OF INJURY CTORY, FARM, ETC.	DAY YEAR 19 (AT HOME,	ATION WAS	S PERFORI W INJURY ATION EET Homic	OCCURRI	ED (ENTERI	CITY OR 1	TOWN			ART 2)		, N
UID BE FORWANDED TO DIRECTOR, PAGE 3 SHOUL WITH THE STATE DEPARTMANTAND, 21201 PRIOR TO	7	PART 2 OTHER SI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK 22a. I certii deoth resulte ACTUAL SIGNATURE	OPERATION CL CAUSE WAS CORE OR COCCURRED NOT WHILE AT WORK Ty that I took charge and from: Noture	DUE TO, O (c) CONTRIBUTING TO GEAT 19b. COND 21b. TIME C HOUR A. 21e. PLACE STREET, FA e of the remains do	DE INJURY M. MONTH C. OF INJURY CTORY, FARM, ETC. Accident	DAY YEAR 19 (AT HOME,)	ATION WAS 21c. HOV 21l. LOCA STRE	S PERFOR/ W INJURY ATION BEET	OCCURRI	ED (ENTERI	CITY OR 1	ry X,		co	DUNTY		
4 SHOULD BE FORWANDED TO FUNERAL DIRECTOR. PAGE 3 SHOULD FUNCHE BEATH WITH THE STATE DEPARTM FUNCHE MARYLAND, 21201 PRIOR FO	7	gove riscouse (a) lying cou PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK 22a. I certii deoth results	STATING THE UNDERSONS OF DEPARTION COPERATION CAUSE WAS SONS OF DEPARTMENT OF DEPART	ONTRIBUTING TO DEATH 19b. COND 21b. TIME CHOUR A 21c. PLACE STREET, FA e of the remains de	DE INJURY M. MONTH C. OF INJURY CTORY, FARM, ETC. Accident	DAY YEAR 19 (AT HOME,)	21c. HOV 21l. LOCA STRE	S PERFOR/ W INJURY ATION EET Homic TITLE (SI	Inspecticide	ED (ENTERI	Inquirermined of ICAL EXA	TOWN Ty X, manner AMINER	ond	in my a	DUNTY	YES	^
UID BE FORWANDED TO DIRECTOR, PAGE 3 SHOUL WITH THE STATE DEPARTMANTAND, 21201 PRIOR TO	MEDICAL	gove riscouse (a) lying cou PART 2 OTHER SI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certification deoth results ACTUAL SIGNATURE EXAMINES	OPERATION CL CAUSE WAS COPERATION CL CAUSE WAS CL CAUSE WAS CL CAUSE WAS CL CAUSE OF D COCURRED CO	DUE TO, O (c) IONTRIBUTING TO GEAT 196. COND 216. TIME C HOUR A EATH P.J. 216. PLACE STREET, FA c of the remains do of couses X.,	DE INJURY M. MONTH C OF INJURY CTORY, FARM, ETC. 23C. NA	DAY YEAR 19 (AT HOME,)	21c. HOV 21c. HOV 21l. LOCA STRE	ATION HOMIC TITLE (SI DDRESS	Inspecticide	Undet MED 23d, LC city	Inquir ermined (manner AMINER	ond ,	in my a	DUNTY pinion ED	/es 🗆	^

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and completely filled in the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	STATE REGISTRAR		VEFARIF		ICATE OF	EATH	TENE &	REG. N	0	U	2	1	4
	CEASED NAME	arl Aug	MIDDLE		uer		2a. DATE OF	ril	20	1983	YEAR	26. HOU 12:	30a
3 SE	male	4 RACE Whit	:e	5 DATE C	d DAY	1897	6 AGE (IN YE		YRS		DAY5	IF UNDER	R 24 HRS
C	RTHPLACE (STATE OR FOOUNTRY) Kansas	U. S	F WHAT COUNTRY?	WIDOWE		VORCED	9 BALTIMO	orch			ATH		MD
С	ambridge	Dorch	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET Lester G	address) enera			(TYPE OF WORK	FOR MOST C	F WORKING	SUFE) IND	USTRY	F BUSIN	
13a S	Md.	ng home or other institute 136 COUNTY Dorcheste	13c. CITY OR TOW	'N		ио [Ж		al r	out	e l	21	631	1
14 F.A	August	WIDDLE	Knaue	er		s MAIDEN NAA FIRST rgeret		WIDDLE		Foe	ssĺ	er	
		N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	214-07-		Nett	ie H,	Knaue	ADDRI F		w Ma		t M	
	Canditions, if ony, gave rise to imm cause [a], stating underlying cause	which (b), sediate g the last.	OR AS A CONSEQUE	ENCE OF		<u>e</u> <u>c</u>	,						
CERTIFICATION	PART 2 OTHER SIGN	IDN 196 CON	DITION FOR WHICH				200 AUTO		20b. IF '	YES, WERE	FINDIN	IGS USE	TH?
	21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH D.	AY YEAR	21c. HOW IN	IJURY OCCURR		- 1	RY IN ITEM I		PART 2)	NO	
MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE CAT HOME,	E OF INJURY STREET, FACTORY, OFFICE, F	SARM, ETC)	211 LOCATION STREET	N		CITY OR TOV	WN	COU	NTY	S	STATE
	sow the decease	(this hospital) attended d alive an_ id) (did nat) view the bo	4/19 19			2, 19 <u>\$3</u> (aur) apinion a	, to	d on the d	(/)V ote and h		om the		toted
	22b. SHGNATUR	ment		4 .	N	ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STA PHYSIC		220	. DATE	SIGNED	
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	9		22e ADDRES	S							

DHMH - 16 60M 1/75 (VR A 15 (4))

retained by the haspital ar

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atten should be detached for use as the burnal-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burnal, cremation,

IMPORTANT: If Item 21 is marked ar Item 18 show

this certificate has been signed by the

230. BURIAL, CREMATION, REMOVAL (SPECIBURIAL)

236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION Apr. 22,1983 Dorchester Mem.Park, Cambridge, Dor., Md.

Funeral Home & ambridge, Md., 214 PR 2 7 1983 24 FUNE THE DIRECTORS

portides the extension desired from management with the contraction of the contract of the con

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	1-	FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	8 3		0	5 8 0
		REGISTRAR CEASED NAME OR PRINT	FIRST JC	2HN	NIDDLE	1	OUEY	2a DAT	REG. NO. E OF DEATH MO	29	P3	26 HOUR PM
1	3. SE	M		1. RACE		5. DATE O			(IN YEARS LAST BIRTHD	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
K	f	RTHPLACE (STATE OR F SOUNTRY) SOUNTRY) TO LAWA TY OR TOWN OF DEA	しれら	h	VHAT COUNTRY?	WIDOWE	D DIVORCED DIVORCED	0	ORCHES JALOCCUPATION	-571	ER	MD OF BUSINESS OR
3	0	AMBRIDE	15	125H	FACILITY, GIVE STREET	ADDRESS)	BRIDGE, M	(TYPE OF	WARK FOR MOST OF W		INDUSTRY	7 BUSINESSOR
5	13a. S Ma	aryland	Wico	TY	Eden		13d. INSIDE CITY LIMITS?	Rt.	#1, Bo	x 118	3 21	1822
20		NTHER'S NAME VILLIAM E	dwar	d d	Lokey		Mary	, I	Elizabe		LittÎ	eton_
9		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	218-20-				n K. Lo	_	nces	enna.
		18 CAUSE OF DEATH PARTI. DEATH W 4292 Conditions, if ony, gove rise to imm couse (o), staffin underlying couse	Which nediote g the	DUE TO, OR	AS A CONSEQUE	D Z	CHF				7 1	Juli Juli
1	CERTIFICATION	PART 2. OTHER SIGN	had &	retering	endo	card	NOT RELATED TO THE TER.	he s	AUTOPSY2 2	Ob. IF YES, V		l may
1	MEDICAL CER	21d. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT	P./ 21e. PLACE (A, MONTH DA	19	21¢ HOW INJURY OCCUP	RRED (ENTI	ER NATURE OF INJURY IF		COUNTY	STATE
		22a.l certify that (1) sow the decease abave, (1) (wo) (e 22b. SIGNATURE	(this hospited office on a did) (did not	Ber	+/29 190			_ MEDIC				
1		22d PHYSICIAN'S NA	AME (TYPE OF	(PRINT)			22e ADDRESS	0 110			V /	

IMPORTANT: If Hem 21 is morked ar Hem 18 shows ony injury, ar other troumatic event, He GEO BECKMO 23d LOCATION CITY OR TOWN 230, BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial 5-4-1983 Odd Fellows Cemetery Laurel Sussex Del 124 FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 256 ATGISTRAR'S SIGNATURE HOLLOWAY Funeral Home P.A. Salisbury, Mad. MAY 5 1983

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicium should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

ottending physician

retained by the hospitol or

BP.

Mr. Clinton K. Lokey 113 S. Somerset Ave., Pringess, sage I a like any force the love of reducer and

STATE OF MARYLAND

FOR

15M 2/80

.A. C.U and Teach State (State of Sta 477-11-797

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	-	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND LEALTH AND MENTAL ICATE OF DEATH	HYGIENE	S REG. N	10.	0	5	8 2
ge 3 eath		EASED NAME DR PRINT)	FIRST		MIDDLE		AST	20 DATE	OF DEATH	MONTH	DAY YE		HOUR
d o de			egin		Arnol		Mills			4-6	7-8	3	447
de 1	3. SEX	Male		4 RACE Whit	е	June		6 AGE (1	YEARS LAST BIR	YRS.	MONTHS D		OURS MIN
1		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIA	AORE CITY (OFDEAT	H	
		aryland		USA		WIDOWI		Do	ches	ter C	ount	V	M
00		or town of deastNewMar			CH FACILITY, GIVE STREET		DR OTHER INSTITUTION	12a USU/ (TYPE OF W		ION OF WORKING LIF	12b. KII INDUS	ID OF B	ontr
35	USUAI 130. ST MI		13b. COU	NTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW TE • NewN	'N	13d INSIDE CITY LIMIT	S? 13e. STREI	T ADDRESS		216		01101
2 10	14 FAT	HER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN						
1 0170	V	Villiam	A	lvin	Mills		Susi	e	WIDDLE		Bra	nno	ek
2 3 1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		PADDR	Bo Bo	x 96		
Poor	(,,,	No	-	E WAR OR DATES)	214-32-	-1132	Virginia	Mills	Eas			ket	. MD
please remove carb riol, cremotian, or r or other traumatic		Conditions, if any, gove rise to improve (a), statin underlying couse	nediote ig the lost	(c)	R AS A CONSEQUE R AS A CONSEQUE	NOM.		LONG		y T			982
rhen proprieta bu	Z	PART Z OTHER SIGN	NIFICANI (CONDITIONS <u>Co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE 1	TERMINAL DISE.	ASE OR CON	IDITION GIV	EN IN PAR	T I(o)	
iene prior	CERTIFICATION	90 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL	TOPSY?	20b. IF YES IN CERTIF YE	, WERE FIR	SES OF	USED DEATH?
Vental Hyg	₹ L	(IF EITHER, NOTIFY MEDIC	AUSE OF DEA	P.	M. MONTH DA	YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART		
os the buth ond Marked ar		WHILE NOT WE AT WORK AT WORK	HILE [21e PLACE (AT HOME, STE	OF IN JURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
of Heal		220. I certify that (1) saw the decease above, (1) (wee) (c	ed olive on		1/2/ 199	23,01	d that in (my) (my) opin	nion death accur	red on the d	ote and hou	ond from		(I) (we) los ses stoted
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230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE BURIAL 4-26-83 Unity Washington Hurlock Dorchester MD 23c. FUNERAL DIRECTOR Zelver Funeral Home, Eastess New Market, MD 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE MID CHARGE TO THE COUNTY STATE OF THE COUN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

etoined by the hospital or attending physician.

	Ľ	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		REG. NO.	0.5	8 4
r deoth	(TYPE	CEASED NAME FIRST OR PRINT) PEORGE	RUSSELL	MYERS	4	OF DEATH MONTH	DAY YEAR	5 A M
Softer of the so	3. SE	MAIE	4. RACE While	S. DATE OF BIRTH		IN YEARS LAST BIRTHDAY) 69 YRS.	MONTHS DAYS	HOURS MIN.
A6		RTHPLACE (STATE OR FOREIGN)	USA	MARRIED NEVER MARRIE WIDOWED DIVORCE	D '	Orcheste		MD
13	10. C	Ambrida &	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL CASTERN Shore	SHOME OR OTHER INSTITUTION OF THE PROPERTY OF	(TYPE OF W	ALOCCUPATION VORK FOR MOST OF WORKING		F BUSINESS OR
The Sebe	13a. S	THER'S NAME	DTHER INSTITUTION, GIVE RESIDENCE BEFORE A TY ISC. CITY OR TOWN CAMBRIDA MODILE LAST		31	SUN DUR	st High	1613 h way
col exo	16a V	Charles AS DECEASED EVER IN U.S. ARM	Myers MED FORCES? 166 SOCIAL SECUR	SIS	ELIA	ADDRESS	AUMEL)
e medico	(ES, NO OR UNKNOWN) {IF YES, GIVE	WAR OR DATES) 214-079		RELORds	EASTERN Sh	ERE HOSP	1 H Center
or to buriol, cremot rinjury, or other tro	ION		DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO DE		E TERMINAL DISE,	ase or condition gi	VEN IN PART I to	
hows ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C		YES [NO Y	S, WERE FIND IN IFYING CAUSES ES []	GS USED OF DEATH? NO
Hem 18 s	MEDICAL CE	2] a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
arked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	M ETC)	-	CITY OR TOWN	COUNTY	STATE
n 21 is mo		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did pot)		3, and that in (my) (our) o	70, to	red on the date and ha		hot (I) (we) lost couses stated
NT: If Nen		22b. SIGNATURE	quenazión	DEGREE ATTEND PHYSIC		L STAFF DR PHYSICIAN	221. DATE S	1-83
IMPORTAL			SQUENAZIM	D. EASTERA	SHIHOS	P. Center, (ambia	GRE
IMPO	(URIAL, CREMATION, REMOVAL Burial	Apr.6,1983 Gr	ME OF CEMETERY OR CREMAT Ceen Lwn Ceme	etery.C	ambridge,	Dor., Mo	d. STATE
1/81	24. FU	reithomas Fune	ral Home, Cambr	ridge,Md.,21	APR 8	REGISTRAR 25L REGIS	TRAR'S SIGNATU	welf

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in be should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

any injury, or ather troumatic event, the

IMPORTANT: If them 21 is marked at them 18 shaws

STATE OF MARYLAND

	- STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. N	0.	0 5	8 3
	DECEASED NAME FIRST	nd A.	Nichols		LAST	April 12,	1983	YEAR	2b HOUR
3.	SEX Male	4. RACE WI	nite	5. DATE O	7, 1902 YEAR	6. AGE (IN YEARS LAST BIR	MONT	IDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70 I	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pederalsburg, Md.	76. CITIZEN OF	WHAT COUNTRY?	9	D NEVER MARRIED	9. BALTIMORE CITY O Dor cheste		DEATH	MD.
L	CITY OR TOWN OF DEATH	Rt. 1	Box 189	ADDRESS)	OR OTHER INSTITUTION	120: USUAL OCCUPATI TYPE OF WORK FOR MOST OF Farmer & Ld	F WORKING LIFE) IN	NDUSTRY	BUSINESS OR
13			13c. CITY OR TOW Vienna		134 INSIDE CITY LIMITS?		x 189	218	69
1	charles Niche		LAST		15. MOTHER'S MAIDEN NA Anna Coll	ins MIDDLE		LAST	
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	215-38-1		Doris B. Nie	chols, Rt. 1			
NOIL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((b) DUE TO, O (c) CONDITIONS C		NCE OF	ne	MINAL DISEASE OR CONI	DITION GIVEN IN		
CEPTIEICATION	19a DATE OF OPERATION	80.12		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ▼	20b. IF YES, WE IN CERTIFYING YES	CAUSES	GS USED OF DEATH? NO
MEDICALCE		HOUR A P 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUS		OR PART 2)	STATE
ř	220.1 certify that (1) this hasping saw the deceased alive madove (1) (we) (did) (did not 27b. SIGNATURE ROBERT W. 22d PHYSICIAN'S NAME (TYPE OF ROBERT W.)	3-3 Ill view the body Trave	ofter death. 19 9		DEGREE ATTENDING PHYSICIAN [22e ADDRESS Dutchmans Le	MEDICAL STAF	fe and hour and	fram the co	
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial FUNERAL DIRECTOR		6,1983 Hi	llcre	est Cemetery calsburg 250 DAI	23d. LOCATION CITY OF TOWN Federals TE REC'D. BY REGISTRAR		roline s signatu	

DHMH - 16 50M 4/82 (VRA 15, 4)

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74 FUNERAL DIRECTOR Federals by Framptom-Hawkins Funeral Home, 216 N. Main

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THE REAL PROPERTY AND ARRESTS ASSESSMENT A

DHMH - 16 60M 1/75

(VR A 15 (4))

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT) April 30 Lois Pritchett Emma 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH white female May 15 1907 75 TO BIRTHPLACE STATE OF FOREIGN 7% CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Md. U.S.A. Dorchester WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION aurs after (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Cambridge homemaker Lorchester General USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b COUNTY 13c CITY OR TOWN Cambridge 1012 Locust St. 13d INSIDE CITY LIMITS? Dor. Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Ellsworth E. Murphy Maggie ADDRESS medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES 6b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-18-661 Carlton R. Pritchett no event, the 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY typer Nephroma MMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION iabetes CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY á Hypernephromo March. NO shav ond Mental Hygie ACCIDENT WAS UNDERLYING 21h TIME OF INJURY PAY YEAR 21c HOW INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING ALLE OF CATH HOUR A.M. MEDICAL morked or Item 19 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN (1) Athis hospital) ottended the deceased from .26 10 83 DIRECTO obove (1) (we) (If Item should be detached with the State Dept. DEGREE ATTENDING MPORTANT:

MIDDLE

our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN 22e ADDRESS ary land 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Cambridge Md. Dor.Mem.Park Dor. burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTE ADDRESS CAMBRIDGE THOMAS FUNERAL HOME MD.2161

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

1983

2b HOUR

126 KIND OF BUSINESS OR

21613

INDUSTRY

Mills

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

Item #13

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APPROXIMATE INTERVAL

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STATE

7:30pm

2a DATE OF DEATH

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. AND 3 TO THE E	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN PAGES	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 CHOULD BE FILED	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL HE CORDS OF
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		CEASED NAME E OR PRINT)	FIRST		WIDGIE		LAST		20. DATE KNOWN	MONTH	DAY YEAR	R 2b. HOUR			
発展的表現	(118)	E OR PRINT)	Frank		R.	Samp	son		OF ESTI-		- 1,8	3 A.M			
DIRECTO OUR FILE 72 HOU	3. SEX	Male	Negro .	5. DATE OF BIRTH 10-3-1914 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED AP					pril,	19 -	A 7 571				
N SERVICES	3	Md.		USA	DIVORCED [Dorche	ster								
PACH PACH PACH PACH PACH PACH PACH PACH	Ca	nbridg	e,RFD		Road	ODRESS)	HER INSTITUTIO	DN 12a. USU	AL OCCUPATION LOST OF WORKING LIFE)	(TYPE OF WORK	12b. KIND OF OR INDU				
A PETANO	USUA 13e. S	I RESIDENCE ()	13P COUNTA	THER INSTITUTION, GIV	13c. CITY OR TO	DENCE BEFORE ADMISSION] CITY OR TOWN INCLUDING STREET ADDRESS YES NOT RFD					21833				
ES 1, PM		ther's Name Claren	ce :	H. S	DDLE Sampson 15. MOTHER'S MAIDEN NAME FIRST Emma						eman				
URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 W DIVISION OF	16a. W (YE	AS DECEASED S, NO, OR UNKNOW	EVER IN U.S. ARME N) (IF YES, GIVE WA		16b. SOCIAL SE	ECURITY NO.	Mildred Banks Linkwood,				Md.	- 64			
XECUTED WITHIN 24 HO 10". IN PENCIL IN ITEM 11 CAL EXAMINER ALONG CBIRAL-TRADIST PERMIT AND MENTAL HYGIENE, ION, OR REMOVAL.	Z											MINTERVAL ISET AND DEATH MINS.			
HOULD BE END WENDING W	CERTIFICATION	19a. DATE OF C	PERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY?					
THE WORLT THE WORLD TO THE HOULD BE ARTMENT TO BURING	CAL CERT	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING ☐ OR P.M. 19					HOW INJURY OC	CCURRED (ENTER N	NATURE OF INJURY IN ITEA	A 18 PART 1 OR PA	YES L	NOX			
HIS CERT WRITING VARDED AGE 3 SH ATE DEP,	MEDICAL		COURRED NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT H ORY, FARM, ETC.)	OME. 211. LO	OCATION STREET		CITY OR TOWN	co	UNTY	STATE			
AL EXAMINER: THE CERTIFICATE, HOULD BE FORWAL DIRECTOR: P. TH, WITH THE ST. MARYLAND, 21;															
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTMORE,	1	EXAMINER'S N	ME John	Mace Jr	. M.D.		_ADDRESSC	ambrid							
BP	23a. Bl (Si	JRIAL, CREMATI PECIFY) Bur J JNERAL DIRECT	ON,REMOVAL 23b.	/6/83	Mt. Z			Eas	CATION PROWN MAI REGISTRAR 25b. R		Dor.,	Md.			

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death form	retained by the hospital or attending physician.	After this o	should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 7	with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.	
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		FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		5 8 6
- 1		OR PRINT)	WIDDIE		LAST	2a. DATE OF DEATH	MONTH DAY YEAR 4 29 8	3 10 30 A
	3. SE	Sara	Jeanette I4 RACE		varck OF BIRTH	(ACE		- 10,30 /
(N)		F	white S.DATE O		H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE, MONTHS DAY YRS.	
15		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	٨
3	10. CI	ry or town of death Cambridge	11. NAME OF HOSPITAL, NURSIN DOTCHESTER			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ON 12b. KIND E WORKING LIEEL JUDIUS IN ESS-GRIME	OF BUSINESS O
5	13a. S	Md. Doro	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Chester Cambri	N			t End Ave	. 21613
1	14 F.A	THER'S NAME FIRST Fulton	T. LAST		15. MOTHER'S MAIDEN NAME FIRST	WE	Willia	LAST MS
1		AS DECEASED EVER IN U.S. AF	VE WAR OR DATEST		17. INFORMANT	ADDRI		
		no	216-05-	0583	Karl H.Sch	warck I	tem #13	OXMATE INTERVAL EN ONSET AND DEATH
ATION	CERTIFICATION	PART 2. OTHER SIGNIFICANT OPEN 19a. DATE OF OPERATION	0110-0	DEATH BUT	arrhytmia	AINAL DISEASE OR CONDITION GIVEN IN P 200 AUTOPSY? 20b. IF YES, WERE		DINGS USED
1	TIF					YES NO	IN CERTIFYING CAUS	NO 🗌
7		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		AY YEAR	21¢ HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	ate and hour and from the	n, that (1) (we) lose the couses stated TE SIGNED				
1		22d. PHYSICIAN'S NAME (TYPE	антап		17 Frau	ellin S	f. Caiulm	de Mi
	(URIAL, CREMATION, REMOVAL SPECIFY) burial			emetery or crematory ster Mem Pk	23d. LOCATION CITY OF TOWN Cambrid	county	STATE . Md .
	24. FL	burial NERAL DIRECTOR NAME HOMAS FUNERAL	ADDRESS		ster Mem Pk 2 MPAU MD. 21613	Cambrid		ALURY

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	TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be executed within 24 hours after death. Pog	retained by the hospital or attending physicia
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	FOR T - STATE REGISTRAR			AENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	REG. N		0	5 8 9
2	1. DECEASED NAME FIRST (TYPE OR PRINT) ONE (1)	A O	U,	5H	WOKS	20. DATE OF DEATH 4/13/83	MONTH DA		26. HOUR A
3	3. SEX Female	4. RACE Whi.		Sep		6. AĞE (IN YEARS LAST BIR	YRS.	FUNDER TYEAR	IF UNDER 24 HRS
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Secretary, Md. 10. CITY OR TOWN OF DEATH	U.S	OSPITAL NURSIN	WIDOWI	OR OTHER INSTITUTION	9 BALTIMORE CITY C Dorcheste	r	112h KIND (M OF BUSINESS OF
1	Cambridge USUAL RESIDENCE (IF NURSING HOM)		ter Gene		ospital	Saleslady	OF WORKING LIFE)	Varie	tyStore
1	Maryland Dor		Hur Lock		13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 107 Broad	Stree	t	1643
1	George Medfo	rđ Wheatl	ey		Is MOTHER'S MAIDEN NAME IS A BENT Hamme	ond		LA	ST
1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	218-16-		Norma Todd,	P.O. Box 39		ock, M	id. 2164
		(c)	PU MON	ny	Eclem A TNOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDIT	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		_	NGS USED S OF DEATH? NO
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.A.	A. MONTH D. A.	AY YEAR		RED (ENTER NATURE OF INJU	DRY IN ITEM 18 PAR	RT) OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (I) (this has sow the deceased alive above. If (we start like a late a lat	on	19	èu.	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	ote and hour	ond from the	, that (I) (we) la: e couses stated E SIGNED
1	230 BURIAL, CREMATION, REMOV	AL 23b. DATE			220 ADDRESS CEMETERY OR CREMATORY EW Market Cem	23d. LOCATION		COUNTY Dorche	ester, N

BP. DHMH - 16 50M 4/82

Framptom-Hawkins Funeral Home, 216 N. Main St. (VRA 15, 4)

APR 2 7 1983 John J. Camiel

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

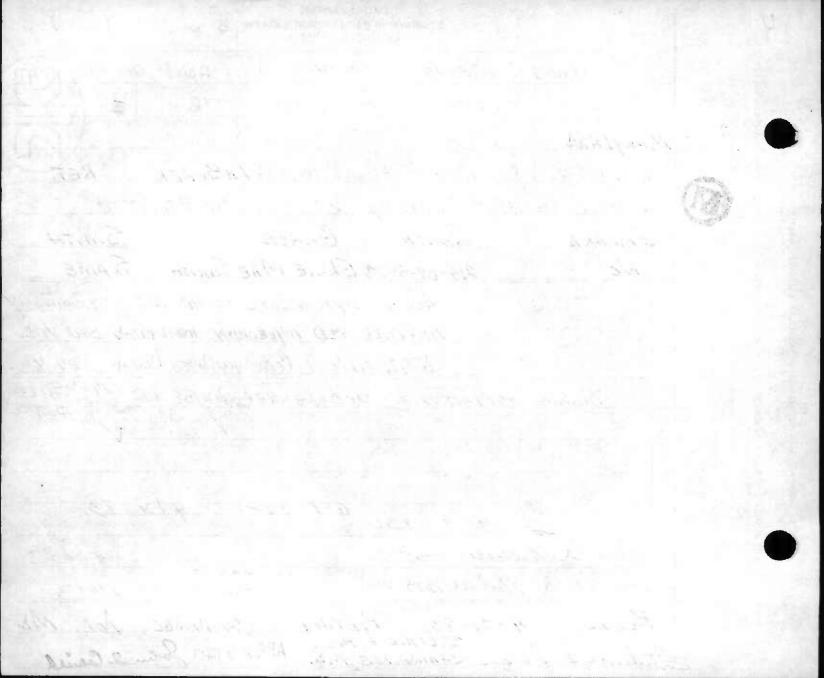
CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE



director, page 3 hours after death

executed within 24 hours after death. Page

1 -	FOR STATE		DEPARTA	MENT OF H	E OF MAKTLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 3	0 5 9
	REGISTRAR CEASED NAME OR PRINT)	FIRST SARAH	MIDDLE DALL		AO Y AS	REG. NO. 20. DATE OF DEATH MONTH T	13/83 26. HOUR
3. SE)		4. RACE CAU	•	5. DATE O	v. 6, 1898 AR	6. AGE (IN YEARS LAST BIRTHDAY) 84 YRS.	FUNDER LYEAR IF UNDER 24 HR
	RTHPLACE (STATE OR FOR EQUINTRY) MARYLAND		OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY DORCHESTER	OF DEATH
	CAMBRIDGE		E OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET HESTER GENET			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS C INDUSTRY
	STATE 1	S HOME OF OTHER INSTIT 36. COUNTY DORCHESTE	TION, GIVE RESIDENCE BEFORE R CAMBRIDE		13d. INSIDE CITY LIMITS?	RE. #2, Box 61	(rural) 6/
4. FA	ATHER'S NAME FIRST WILLIAM	MIDDLE HENR	Y DALI		15. MOTHER'S MAIDEN NA	ME TOA	KEŸËS
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCE			17. INFORMANT (SON, Elvin Thomas	ADDRESS s, same as 13e	
	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which diote the lost.	(b) SCRS (c) OR AS A CONSEQUE (c) Hemo	ENCE OF	og UTI.	filmillation	EN IN PART 1(o
	PART 2. OTHER SIGNI	FICANT CONDITIO					
TIFICATION	190 DATE OF OPERATION	DN 196. C	ONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	ON 196. C	IME OF INJURY JR A.M. MONTH D.		21c. HOW INJURY OCCUR	IN CERTIF	YING CAUSES OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	I 19b. C	IME OF INJURY JR A.M. MONTH D.	AY YEAR		YES NO PYE	YING CAUSES OF DEATH?

ADDRESS Md. 21613 High St., Cambridge

250. DATE REC'D BY BEGISTRAR 250 PEGISTRAR

DHMH - 16 50M 4/82 (VRA 15, 4) 74 FUNERAL DIRECTOR
NAME
CURRAN FUNERAL HOME 308

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in my the should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages, I and 2 should be litted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 stropman; injury, or other traumatic event, the

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician.

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Page 4

executed within 24 haurs after and campletely filled in by the

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

	1 -	FOR STATE REGISTRAR			DEPAR	MENT OF H		YLAND D MENTAL HY F DEATH	GIENE 8	3 REG. NO	10 0.	0 5	9 2
		CEASED NAME OR PRINT)	Prisc		V.	Van	Hui	zen.	2a. DATE O	F DEATH	MONTH I	1 - 83	26 HOUR 445 AM
	3. SEX			4 RACE White		5 DATE O	F BIRTH	1906	6 AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,
3		RTHPLACE (STATE OR COUNTRY) Marylan		76 CITIZEN OF V	what country A_ullet	? 8. MARRIEI WIDOWE		R MARRIED _	Do	cches	_	OF DEATH	MD,
3	V .	ambridge	ATH		OSPITAL, NURS HEACHITY, GIVE STREE STET G					OCCUPATI K FORMOST O LSTET	ed n	126 KIND C INDUSTRY Urse	OF BUSINESS OR
5	13a S	Md.	13b. COUN		134. CITY OR TO		YES 🗌	E CITY LIMITS?	13e STREET	ADDRESS B	ox 3	7 9	21613
10	14 FA	James		MIDDLE Lona	Johns	on	15 MOTH	Netti		WIDDLE		Conô	ion
1		(AS DECEASED EVER ES. NÓ OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	213-44		17 INFOR	mant er J.V	anHui	ADDRE zen		Box 3	379 Md21613
999	MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse (o), stotiu underlying couse PART 2. OTHER SIG	, which mediate mg the elast. NIFICANT (TION DERLYING CAUSE OF DELICAL EXAMINE)	DUE TO, OF DUE TO, OF DUE TO, OF (c) 19b. CONDITIONS CC 17b. TIME O HOUR A.I.	FINJURY M. MONTH	UENCE OF UENCE OF DEATH BUT	MET NOT RELA N WAS PEI	TED TO THE TER	MINAL DISEAS 200 AUT	SE OR CONI	ZOD. IF YES	S, WERE FINDI YING CAUSES S []	NGS USED
	MED	21d. INJURY OCCUR WHIE NOTW AT WORK NOT W AT WORK 220.1 certify that (1) saw the deceos obove, (1) (wee) 22b. SIGNATURE	this hospi	tal) attended the	e deceased from	50% 83, on	77	ny) (our) opinion	AAEDICAL	STAI	ste and hou	r and from the	that (I) (we) lost couses stated
		22d PHYSICIAN'S N	AME (TYPE C	Bun	dete		22e ADD		Huy	Cra	57	216	17

23c. NAME OF CEMETERY

TRINITY

OLD

BP_____ DHMH - 16 50M 1/B1 (VRA 15, 4) 23g BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

THOMAS FUNERAL HOME CAMBRIDGE MD21613

4/4/1983

23b. DATE

CEM. CHURCHC

250. DATE RECUD. BY REGISTR 256

APR 8 983 R256

23d. LOCATION
CHURCHCREEK DOR M
ECD. BY REGISTRA 256 RYGISTRAR'S SON

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iral director, page 3 72 havrs after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-2
U

250 DATE REC'D. BY REGISTRAP 70. REGISTRAP'S SIGNATURE

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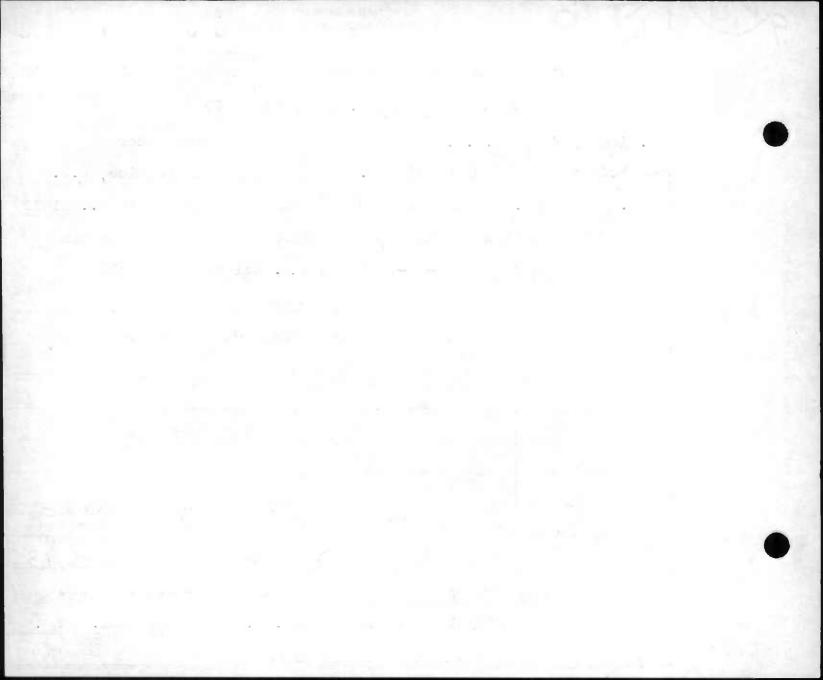
REGISTRAR		CERTIF	ICATE OF DEATH	REC	3. NO	0 3		0
1 DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEAT		DAY YEAR	26 HOL	
Reginald	Woodrow	Wal	ker	April	10 198	33	07	30 "
3 SEX 4 RACE		5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	R 24 HRS
	ite	Jan	. 20 1913	70	YRS.			
70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIL	ZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CI	TY <u>OR</u> COUNT	Y OF DEATH		
	U.S.A.	WIDOWE			cheste			MD
Cambridge 21	ME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET B Algonquir	ADDRESS) Rd.	PR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M postal	OST OF WORKING L	12b. KIND (IFE) INDUSTRY		ESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 136 STATE 136 COUNTY Dor.		E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRI	ESS	n Rd.		13
14 FATHER'S NAME FIRST George Gilli	ss Walker	r	15 MOTHER'S MAIDEN NAM	MĒ	DLE	Meek:	ins	
160 WAS DECEASED EVER IN U.S. ARMED FO	DRCES? 166 SOCIAL SECU	RITYNO	17 INFORMANT	Al	DDRESS			
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR I	214-07-	-7301	Hazel H. W	Valker	item		CIMATE INTE	
Conditions, if any, which gave rise to immediate cause Ial, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDIT	JE TO, OR AS A CONSEQUI	ATTC ENCE OF DEATH BUT			20b. IF YE		NGS USE	
RTIFIC				YES NO	3 Y	ES 🗌	NO [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. TIME OF INJURY OUR A.M. MONTH D. P.M. PLACE OF INJURY	AY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18,	PART 1 OR PART 2)		
WHILE NOT WHILE AT WORK	HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY C	RTOWN	COUNTY	s	STATE
22a.1 certify that (1) this haspital) atte saw the deceased alive an abave (11) we (did) (did nat) view to 22b. SIGNATURE	41.6		nd that in (my) (apinian a	death accurred an t	he date and ha		that Causes st	tated
Kiel	ext I to	ry	MATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	41	11/8	3
22d. PHYSICIAN'S NAME (TYPE OR PRINT))	22e ADDRESS	-1 0			, 0	
Hubert L. Fiery	M.D.		503 ByRn		ambric	dar 1	19:2	21613
230. BURIAL, CREMATION, REMOVAL 23b. E burial 4,	/13/83 DC	name of c	emetery or crematory ster Mem.Pk	23d LOCATION CITY OR TOWN	idae	Dor.	Mď	TATE

DHMH - 16 60M 1/75 (VR A 15 (4))

MPORTANT, IF IS

24 FUNERAL DIRECTOR

THOMAS FUNERAL HOME CAMBRIDGE MD



							REG. N	O.		
		CEASED NAME	FIRST	WIDDLE	LAST	1 1	26. DATE OF DEATH	MONTH DAY	YEAR	Zb. HOUR
be 3	(M	nhol	5	41	right		4 72	83	6:30 R
may page	3. SE	X	4 RACE		5. DATE OF E	SIRTH	& AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	F UNDER 24 HRS
		Female	Cau	casian	AUG.	8 . 1894	88	YRS.	DAYS	HOURS MIN
TATE OF	ITE B	IRTHPLACE (STATE OR FO	REIGN 76 CITIZEN	OF WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY		EATH	
製工作。建立力		arvland	U.S	. A .	WIDOWED [Dorche	ster		AAI
1 11 9		ITY OF TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSIN	IG HOME OR		12a USUAL OCCUPAT	ION 12		BUSINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	mbridge	rai	SUCH FACILITY, GIVE STREET	e Mo	980	Housewif		DUSTRY	
			ING HOMEOR OTHER INSTITUT			INSIDE CITY LIMITS?	13e. STREET ADDRESS		0.7	
in the state of th	_	Md.	Talbot	Trapp		ES NO X		Box 112	21	673
2 sh	14. E/	ATHER'S NAME FIRST	MIDDLE	LAST		MOTHER'S MAIDEN NA	ME		LAST	
and and	1	William		Talley		Margare			rice	:
es 1		WAS DECEASED EVER	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES			INFORMANT	ADDR	ESS		
an a	N	0		213-22-	6483	Edna M. Sa	ard Tra	ppe, Mo	l .	
fical ysici pers. oval.		II CAUSE OF DEATH	H (Enter only one cause	per line far (a), (b), an		. 0	, 1.	4	APPROXIM	ATE INTERVAL
g ph n pa rem atic		PART I. DEATH W	IMMEDIATE CAUSE (a)		Care	lis- Kespus	tory Are	21		
arbon		4272		, OR AS A CONSEQUE	NCE OF	20-110				
atter stior		Canditions, if any,	which (16)		ASCVZ)			
at the at the at emove emati		gave rise to imm cause (a), stating		OR AS A CONSEQUE	NCE OF					
s that is the se real, cr		underlying cause		, OR AS A CONSEQUE	INCE OF					
equires igned pleas burial injury,		PART 2 OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
w reg	N Q	Olgon	ic Blown &	yndrom	- Can	uic UTI	Divertice			
ne lar	CERTIFICATION	190 DATE OF PERAT	ION 196 CO	ADITION FOR WHICH	OPERATION V	VAS PERFORMED	20e AUTOPSY?	206. IF YES, WEF		
N: Th	Ĕ	0					YES NO NO	IN CERTIFYING	CAUSES C	PF DEATH?
A sition	W W	21a. ACCIDENT WAS UND		E OF INJURY	2	L HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		RPART 2)	
SIC Nysi		OR CONTRIBUTING C		P.M.	YEAR					
PHY ng phy ng phy wriat Mer d or	MEDICAL	21d INJURY OCCURR	ED 21e PLA	CE OF INJURY	21	LOCATION				
DING P ttending After th s the bun th and M marked	¥	WHILE NOT WH	111,0	E, STREET, FACTORY, OFFICE, F	ARM, ETC.	STREET	CITY OR TO	wn co	UNTY	STATE
FND r att R: A e as ealth is rr			(this haspital) attended	the deceased from				19	al-	at (1) (we) last
tal o CTO CTO or us of Hb		saw the decease	d alive on		, and t		death occurred on the d			4 . 4
OSPI OSPI OSPI OSPI.		22b. SIGNATURE	id) (did not) view the bo	ody after death.		GREE			2c DATE S	
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TO HOSPITAL etained by the TO FUNERAL thould be detact with the State it		22d. PHYSICIAN'S NA				PHYSICIAN L	DIRECTOR PHYSIC	IAN L		
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o > -	23e. (BURIAL, CREMATION, I				ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Υ	STATE
BP	_	Burial	4-27	-83 W	indy H	ill Cem.	Trappe	Talbo	t	Md
DHMH-16 25M	24 FI	JNERAL DIRECTOR	-	ADDRESS			E REC'D. BY REGISTRAR	25 EGISTRAR'S	SIGNATU	RE
(VRA 15, 4) 1/79		NEWNAI	x FUNE	CAL HOME	- EASTO	m, Mg. AP	R 271983	John	in was	my.
10 SERVI	12.					7		9		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH







Signed of the same

